

A protocol for collaborating and integrating all public
and private health services to improve the quality of
life for all Western Queenslanders

Revised August 2016

Version 1.4.0

Preamble

This agreement (protocol) sets out the terms of an overarching agreement which has been reached between:

1. South West Hospital and Health Service
2. Central West Hospital and Health Service
3. North West Hospital and Health Service
4. Western Queensland Primary Health Network

(together referred to as "the Parties")

As to the Parties' collective vision, and objectives for the provision of primary and acute care services in the Western Queensland region, and the governance processes that have been agreed to assist the Parties to meet that vision and those objectives.

Background

The South West Hospital and Health Service; Central West Hospital and Health Service and the North West Hospital and Health Service (together referred to as "the three HHS") are statutory bodies and key providers of public primary and acute care services in the Western Queensland region. The Western Queensland Primary Health Network (the WQPHN) is an independent company with the responsibility of planning and commissioning primary health care services with a recognised role in regional coordination of services and supporting community and primary health care providers.

The Parties have, in all of their previous forms, a proven track record of dedication and commitment to working together to improve the health care outcomes for the communities in Western Queensland.

The three HHSs are the founding members of the WQPHN representing a unique arrangement in Australia for collaboration between health bodies.

The Parties recognise an extraordinary opportunity to now formalise a working relationship fostered through:

1. An alignment to a shared vision for the collective health of Western Queensland communities,
2. A sustained commitment to collaborating and integrating Western Queensland services and resources in order to achieve clearly defined health service objectives, and
3. Clear expectations on the roles and responsibilities of all Parties for developing strategies and implementing plans to achieve WQPHN objectives and shared vision.

This document serves as an overarching protocol between the Parties that ensures compliance with the National Health Reform Agreement (2011) and subsequent Acts and Regulations in Queensland.

Term

The Term of this Protocol is three (3) years ending 1 July 2019.

Definitions

Primary Health Care

Primary health care incorporates primary care, but has a broader focus through providing a comprehensive range of generalist services by multidisciplinary teams that include not only General Practitioners and nurses but also allied health professionals and other team members such as Aboriginal health, health education/promotion and community development workers. As well as providing services for individuals and families, primary health care services also operate at the community level. It seeks to protect and promote the health of defined communities and to address individual and population health problems at an early stage. Primary health care services involve continuity of care, health promotion and education, integration of services and providers, individual and whole of population approaches, consumer participation and use of appropriate technology.¹

Access

Providing better access to health care is a central goal of health systems. Access to health care can be conceptualised as the potential ease with which consumers can obtain health care, and is a complex and multidimensional concept. An analysis of issues relating to access allows policy makers and health service organisations to identify key elements to be addressed in the planning and delivery of services to optimise primary health care access for rural and remote Australians.

Dimensions of Access.²

Definition: The fit between

<i>Access dimensions</i>	Health system characteristics	Population characteristics
<i>Availability</i>	The volume and type of services	The volume and type the population needs
<i>Geography</i>	Proximity of providers to consumers	The ease with which the population can transcend this space

¹ Australian Health Ministers' Council 1988; Commonwealth Department of Health and Family Services 1988 cited in: Fry D, Furler J. General practice, primary health care and population health interface. General Practice in Australia: 2000. Canberra: Commonwealth Department of Health and Aged Care, 2000.

² Russell DJ, Humphreys JS, Ward B, Chisholm M, Buykx P, McGrail MN, Wakerman J. (2013). Helping policy-makers address rural health access problems. *Aust. J Rural Health*, 21: 61-71.

<i>Affordability</i>	The direct and indirect costs of securing health care	The consumer's ability to meet the direct and indirect costs of health care
<i>Accommodation</i>	The manner in which the supply resources are organised	The consumer's ability to contact, gain entry to and navigate the health system
<i>Timeliness</i>	The time until health care can be provided	The urgency of the need for health care
<i>Acceptability</i>	The provider's attitudes and beliefs about health and personal characteristics of consumers (e.g. age, gender, ethnicity, religion)	The consumer's attitudes and beliefs about health and personal and practice characteristics of providers
<i>Awareness</i>	The communication of health and health systems information to consumers	The consumer's understanding of their health needs and knowledge of how to have these needs met

Vision

The Parties vision is for all Western Queenslanders to experience the same quality of health and wellbeing as other Queenslanders. The Parties goal is that, there will be:

- A coordinated and integrated approach to ensure Western Queenslanders are empowered to obtain the best available health service commensurate with their needs, unique circumstances and values.
- A seamless patient journey between public and non government health care providers, primary health care providers and tertiary care or hospitals.
- A shared responsibility with the patient for the highest standards of personal health.
- Minimal duplication of effort across all public, non-government and private health service providers that guarantees an efficient and high quality service delivered as close to home as possible.

Objectives

The objectives highlight priority areas that will enable the successful realisation of the vision for Western Queensland communities. The objectives are aligned with best-practice in integrated health care governance and are intended to accelerate the collaboration and integration of health care services across Western Queensland.

1. **Joint Planning.** Western Queensland will develop and maintain a single health plan for Western Queensland including each HHS region, developed in open partnership and collaboration with stakeholders, to set priorities to close the gap in health outcomes for remote and Indigenous communities, guide resource investment and reinvestment, and eliminate duplication of effort.
2. **Integrated information communication technologies.** Western Queensland will have a shared electronic health record accessible remotely by all providers that interfaces with multiple systems, ensures 'one time only' data entry and enhances a seamless patient journey across multiple touch points.
3. **Effective change management.** Western Queensland will have the leadership capacity to coordinate each parties' resources and efforts towards implementing the shared vision evidenced by willing (voluntary) collaboration at all levels, continued integration and sharing of resources and increased access to health services for patients and consumers.
4. **Shared Clinical Priorities.** Western Queensland will establish multi-disciplinary clinical networks that contribute to the formulation of clinical practice and policies, design of health care models with shared key performance indicators, the development of the region's clinical workforce, and the continued improvement of patient care and experience.

5. **Aligned Incentives.** All stakeholders will engage in a transparent allocation of investment so that the majority of financial and human resources are prioritised to increase access and high quality health services.
6. **Care to a vast geographical population.** Western Queensland will achieve optimal economies of scale through its integrated health service models that ensures continually improving quality of care and access for remote patients and consumers.
7. **Use of data as a management tool.** Western Queensland will have a culture of accurate and timely decision making, informed by the collection and analysis of data that supports evidenced based integrated practice.
8. **Professional development.** Western Queensland will have a collaborative and integrated workforce and professional training and development agenda, ensuring all providers of health care services in the region deliver consistently to (within) agreed clinical guidelines.
9. **Consumer /patient engagement.** Western Queensland will have an engaged community of patients, consumers and health care providers actively participating at all levels of governance to inform policy, strategic thinking, implementation and management of health care improvement initiatives.
10. **Resourcing to support innovation.** Western Queensland will have an ingrained culture of sustained innovation, setting the standard globally to lead the delivery of health services in rural and remote communities.
11. **Privacy and confidentiality:** At all times patient confidentiality and privacy will be safeguarded using best practice security of both electronic and paper based records. Staff across all providers will comply with privacy regulations.

Governance

Western Queensland Health Services Integration Committee

To achieve the vision and objectives as outlined in this protocol, the Parties have established a "Western Queensland Health Services Integration Committee (WQHSIC)" that will assist the Parties to maintain close working relationships by:

- routinely setting and reviewing policy direction for Western Queensland primary health care in line with the vision,
- monitoring and measuring actual achievement of protocol objectives,
- reviewing shared strategic priorities to ensure they are appropriate to achieving the vision and objectives of this protocol, and
- ensuring open engagement with multiple health service providers in Western Queensland and state and federal legislators and regulators.

Membership of the WQHSIC

There are 10 members of the Integration Committee comprising of two delegates from each Party as follows:

- South West HHS Board Chair plus one other SW HHS Board member
- Central West HHS Board Chair plus one other CW HHS Board member
- North West HHS Board Chair plus one other NW HHS Board member
- WQPHN Board Chairperson plus the three HHS nominees to the WQPHN Board.

Meetings of the WQHSIC

- The WQHSIC will meet face to face at least twice a year.
- The meetings will be chaired by WQPHN Board Chairperson.
- A Secretariat will be provided by WQPHN.
- The WQHSIC members shall establish their own rules and conventions in relation to the running of meetings and oversight of outcomes of the meetings supported by a documented Terms of Reference.
- The WQHSIC may make recommendations to the four parties represented on this committee via the members of the committee.

Western Queensland Health Services Protocol Working Group (Executives Working Group)

To further strengthen working relationships and ensure more routine operational governance of the WQHSIC Protocol occurs, the Parties have agreed to establish a Western Queensland Health Services Protocol Executives Working Group that will:

- Execute, monitor and report on initiatives stemming from this protocol, and
- Bring to the attention of the WQHSIC any emergent issues affecting the achievement of this protocol's vision and related objectives.

Membership

There are a minimum of four members on the Executives Working Group as follows:

- Chief Executive South West HHS
- Chief Executive Central West HHS
- Chief Executive North West HHS
- Chief Executive Officer WQPHN
- Any other relevant senior staff from any of the Parties may be invited by the members to contribute.

Meetings of the Executives Working Group

- The Executives Working Group will meet monthly at a location deemed mutually suitable by the members.
- The meetings will be chaired by rotation of the members of the Executives Working Group.

- A Secretariat will be provided by the WOPHN.
- The Executives Working Group shall establish rules and conventions in relation to the running of meetings and oversight of outcomes of the meetings supported in a documented Terms of Reference.
- The Executives Working Group will maintain an agenda, minutes and action list of each meeting and make this available through the four Member organisations.
- The group will also make written recommendations to the WQHSIC at the nominated meetings.

Protocol particulars

This protocol document is an overarching agreement to the vision, objectives and governance processes relating to the Parties as stated earlier in the background of this document.

Termination

The four Parties may agree to terminate this Protocol through a decision of the WQHSIC.

Publication

This Protocol will be publicised through the Parties' publications and websites.

Document review

The document can be reviewed for relevance at any time by any Party who is a signatory to this document. The reviewing Party will make recommendations to the other Parties in writing. All Parties will discuss and make a decision on the recommendation at the next WQHSIC meeting and amend the Protocol, version number and date accordingly.

The Protocol will then be re-published through the Parties' publications and websites.

Intellectual property

In regards to the outputs of the governance committee the resources and content developed under a joint initiative should reflect the involvement of the relevant Parties.

This would include the use of all relevant Parties' logos in the publication of paper-based and electronic documents.

Privacy and confidentiality

Information marked as confidential by any Party will be treated accordingly by all other Parties.

The Parties will observe and will ensure all involved employees observe all applicable legislation in relation to any planning processes or initiatives involving the exchange of patient or consumer data.

Conflict of interest

Each Party will actively manage any perceived or real conflicts of interest in relation to their staff participating in activities relating to the protocol document.

Dispute resolution

All disputes between the Parties will be dealt with in a collaborative manner in good faith and with regard to the vision and objectives of the parties as agreed in this Protocol.

Disputes will be escalated to the WQHSIC if they cannot be resolved.

Status of protocol

For the avoidance of doubt, the Parties are independent entities and are not engaging in a joint venture, agency or partnership agreement.

Marketing and media publicity

Specialists in both marketing and media publicity will be engaged by the WQHSIC to develop a common message and communication strategy for all Parties to align external and internal communications.

Execution as an agreement on the respective dates set out below

SIGNED for and on behalf of **SOUTH WEST HOSPITAL AND HEALTH SERVICE** this 29th day of November 2016 as an authorised officer:

LINDSAY GODFREY

BOARD CHAIR

In the presence of:

SIGNED BY LINDSAY GODFREY

Signature of authorised officer

Signature of Witness

SIGNED for and on behalf of **CENTRAL WEST HOSPITAL AND HEALTH SERVICE** this 5th day of October 2016 as an authorised officer:

JANE HANCOCK

BOARD CHAIR

In the presence of:

SIGNED BY JANE HANCOCK

Signature of authorised officer

Signature of Witness

SIGNED for and on behalf of **NORTH WEST HOSPITAL AND HEALTH SERVICE** this 29th day of November 2016 as an authorised officer:

PAUL WOODHOUSE

BOARD CHAIR

In the presence of:

SIGNED BY PAUL WOODHOUSE

Signature of authorised officer

Signature of Witness

SIGNED for and on behalf of **WESTERN QUEENSLAND PHN** this 20th day of September 2016 as an authorised officer:

SHEILAGH CRONIN

BOARD CHAIR

In the presence of:

SIGNED BY SHEILAGH CRONIN

Signature of authorised officer

Signature of Witness